

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME George Valverde			SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Motor Vehicles	
POSITION Director		CB/ID NUMBER	DIVISION OR BUREAU Executive			INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 2415 First Avenue			TELEPHONE NUMBER
CITY		STATE	ZIP CODE	CITY Sacramento		STATE CA
						ZIP CODE 95818

(1) MONTH/YEAR 10/09		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
9	0943 1632	Sacramento						SC	18.00			245.00	263.00	
10	0840 1941	Sacramento/San Diego/ Return						SC	15.00				15.00	
								a SC						
21	1545 1753	Sacramento						SC	12.25				12.25	
29	1337	Sacramento/Orange County/Fullerton	92.50			18.00		SC a					110.50	
30	1639	Brea/Orange County/ Return		6.00	10.00		6.00	a SC	27.00				49.00	
(10) SUBTOTALS			92.50	6.00	10.00	18.00	6.00			72.25		245.00	449.75	

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 449.75

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

9: Attended "Perspectives" 10: Invited and participated in the Motor Vehicle Managers and Supervisors Association's Annual Convention 21: Department directors meeting with the Business, Transportation and Housing Agency Secretary 29/30: Invited and participated in the joint meeting of the California Association of Driving Programs for the Disabled and the Association of Driving Educators for Disabled

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE _____

DATE _____

(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)

DATE _____